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"NEC TENUI PENNA."

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E. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,  
EDITORS.

## Original.

### ILLUSTRATIVE CASES.

BY L. P. YANDELL, JR., M. D.,  
*Professor of Therapeutics and Clinical Medicine in the  
University of Louisville.*

A little boy came in the afternoon for me to visit his father, who had been sick all day; indeed, he was taken sick the night before at a railway station a hundred miles away, the child said. No mention was made of the severity of the case or of any necessity for haste.

I found the invalid surrounded by female friends and relatives, and both he and they were seemingly much alarmed. He made great outcry and complaint of suffering, and tears were in his eyes. Observing that he had just exhausted a small bottle of chloroform, I attributed his nervous condition to the use of the anæsthetic. His countenance was anxious, and clearly indicated severe suffering; but his skin was pleasant, and his pulse was neither rapid, irregular, nor otherwise strikingly out of the way.

Because of this clamor for relief from the excruciating pain, which was apparently both thoracic and abdominal, I dispatched a runner to the drug-store for chloroform, Hoffman's anodyne, and morphine, determining to learn the history of the case, and to make a diagnosis, if possible, in the meantime.

To calm the patient somewhat, I chided him with being so nervous and frightened, urging that he was alarming the women.

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I assured him that he was in no danger, and I so believed. I imagined the case to be one of severe colic of some kind. The sick man protested that he was not frightened, that he never had been frightened by any thing in his life, but declared his pains were unbearable. He was perfectly rational, and became quiet while an attendant began a history of his case.

The narrator, an elder son of the patient, stated that his father "had been attacked with a bad chest-pain and a sort of fainting-spell the evening before, that he was subject to such attacks, and that he said he felt as if his ribs were closing in on his heart and squeezing it like a vise." At this point the sick man, who was propped up on pillows, uttered a loud, gasping sound, the head was thrown back, a faint spasm passed over the body, and he was dead. Having convinced myself with some difficulty of this startling reality, I retired.

*Comment.*—Had my hypodermic apparatus been in my pocket, or had there been chloroform in the house, I should have used one or the other immediately upon seeing the case. The death then would have been charged to me, and even my own mind, probably, would have been clouded by a doubt.

From a history of the case subsequently obtained I presume angina pectoris was the cause of death. The pulse is known not to be a reliable guide either as to diagnosis or prognosis in this affection.

CASE II.—Small-pox being rife in the city, I urged the mother of a week-old infant that I was attending for a hydrocele to have her child vaccinated. The mother obstinately, foolishly, and vexatiously de-

clined on the ground of the child's brief age and diminutive size. He was exceedingly small, thin, and dry-skinned. Five weeks after I was called to the infant because of a breaking-out on his skin. On his face and scalp and neck was a gyrate vesicular eruption in various stages. His finger-nails were more or less separated from the matrix by pus and scabs. A superficial, whitish sore was in each corner of his mouth. His nostrils were almost entirely closed by crusts, and through the small openings left a muco-purulent discharge ebbed and flowed with the snuffling of the shriveled little sufferer. His cry was feeble. Upon his head large blue veins were prominent. His right arm and hand were partially paralyzed, and the fingers somewhat contracted toward the palm.

The disease, I need scarcely say, was syphilis. Bichloride of mercury in solution, one sixty-fourth of a grain thrice daily, and nightly anointing with lard are rapidly restoring health, and the child is almost perfectly certain to recover completely. The mother is pure-blooded, without taint physical or moral. She has borne three children prior to this one, and they are without blemish. Their father declares he has never had syphilis in any form.

*Comment.*—Had I vaccinated this child, its poisoned blood would have been charged to the vaccine virus, and the mother could not have been convinced to the contrary.

The father now admits that he was an invalid for three years, a dozen years ago, with what his doctors called, he says, erysipelas. Whether he got the word wrong or the doctors got the disease wrong, there is little doubt that his three years of "erysipelas" was in reality three years of syphilis. The mother says the breaking-out began when the infant was two weeks old. It first came in oval blisters on the soles and palms, and then crescentic and gyrate blisters came on face and head, and then came the snuffles and the paralysis, the child emaciating all the time.

LOUISVILLE.

## PROPRIETARY MEDICINES.

BY T. B. GREENLEY, M. D.

Aside from chemistry there is perhaps no department of medicine that has made such progress within the last quarter of a century as pharmacy. Over thirty years ago, when I commenced the practice of medicine, I can well recollect the great difficulties we labored under in our extempore preparations, especially when our patients had great disgust for medicines. In many cases of weak stomachs, when we approached the patients with our calomel and rhubarb mixed with molasses in a large spoon, nausea and disgust would be excited, and we had great trouble in enabling the stomach to retain the dose.

In my advocacy of modern pharmaceutical preparations I am aware of running counter to the opinions of some of our most able and leading brethren of the profession. It will be recollected that Dr. Gaines, our worthy late president of the Kentucky Medical Society, in his annual address, spoke rather unfavorably of proprietary remedies. But with all due respect for the opinion of so able and distinguished a member of our profession (for I thought his address most able and eloquent), I must dissent from him in this particular, for I have found many of these preparations most admirable both in their exhibition and in their effects. I know my patients much prefer them to our old-fashioned extempore doses; and I have always conceived it to be the duty of the medical attendant to exhibit his remedies in as palatable a form as possible.

I do not wish it to be understood, that in my advocacy of pleasant-tasted medicines I am at all recommending what are known as patent or secret remedies, for I never prescribe or advise the taking of any preparation the constituents of which I am ignorant. It has always been a principle with me, in treating disease, to use any thing by which I could benefit my patients, even if in so doing I should trespass on the various dogmas of hydropathy, steam, eclecticism,

or even homeopathy; for although we are looked upon as allopathists, I claim that we are the true eclectics, as we ignore no remedy simply because it is claimed to belong to some special dogma. Were we to discard from our prescriptions all preparations that are not mentioned in the U. S. Pharmacopœia, we should deprive ourselves of many excellent and elegant preparations.

In speaking of some of the proprietary medicines I do not wish to be invidious. Of course I can only speak of those I have used, but have no doubt there are many other preparations of the kind equally as reliable. I now refer to Tilden & Co.'s fluid extracts; Caswell, Hazzard & Co.'s elixirs; McKesson & Robbins's gelatine-coated pills, etc., etc.; Keasby & Mattison's gelatine-coated pills, etc.; Bunton & Armstrong's elixirs, etc.; W. R. Warner & Co.'s sugar-coated pills, etc.; Parke, Davis & Co.'s new preparations, together with the various preparations of the extract of malt. Now, if we were to ignore all of these pleasant-tasted medicines simply because they are proprietary, our patients would not only complain, but set us down as old fogies.

I presume it is a notable fact, observed by most physicians, that where we can exhibit our remedies in such a form as to excite no disgust on the part of the patient, the stomach will tolerate them much better, and of course be more efficient in subduing disease.

When we prescribe the preparations above alluded to we do so with as much confidence as though we were to send our prescriptions to the druggist to have them compounded, or as though we compounded them ourselves. In every instance the name and quantity of each ingredient are given, and as success depends on the honesty and rectitude of the proprietors, I presume they are compounded of the best articles of the *materia medica*. As far as I have tried them they have met my fullest expectations.

It is well known by all physicians that many patients can not tolerate cod-liver oil in its natural state, but pharmaceutical art has in a great measure overcome such dis-

gust, by rendering it comparatively pleasant to take; and so also of the barks and preparations of iron, as well as many other bitter and bad-tasted medicines. Should pharmacy make as rapid advances within the next decade as it has in the last, the opprobrium of medicine, as far as *taste* is concerned, will have been removed.

OREL, JEFFERSON COUNTY., KY.

## Reviews.

**Modern Medical Therapeutics:** a Compendium of Specific Therapeutical Directions. By GEORGE H. NAPHEYS, A. M., M. D.; 5th edition; D. G. Brinton, Philadelphia, 1878.

**Modern Surgical Therapeutics:** a Compendium of Current Formulæ, Approved Dressings, and Specific Methods for the Treatment of Surgical Diseases and Injuries. By GEORGE H. NAPHEYS, A. M., M. D.; revised to the most recent date; Philadelphia: D. G. Brinton, 1878.

This is eminently a practical age. It is a period in which short cuts to the acquisition of knowledge are preferred to means more labored and circuitous. Now that science, in all its departments, is making such rapid strides, and its cultivators are giving the results of their labors in such an endless number of treatises, it is a difficult matter for the student to decide what and how to read. This applies with a great deal of force to the study of medicine in its various branches. Volumes vast in number and size may be and have been written upon a single disease or its treatment, yet the story may be told, and told as well, with all the essentials, within the compass of a few pages.

It may be replied, that what is known as exhaustive reading marks the difference between the scholar and the man of superficial acquirements. This depends upon circumstances. As a rule, too much relying upon compilations, hand-books, and manuals is to be deprecated, as tending to develop the habit of skimming over subjects which demand closer study. But should it happen,

as it occasionally does, that a compilation contains all facts that are essential, separates the true from the false, giving but little prominence to theories unsustained by experience, and is a fair and honest *resume* of professional opinion upon a given subject, it may afford as valuable data to the student as the more bulky and seemingly more exhaustive volume. It is all very well to be ornate as a physician, but it is better to be practical. Drink deep or taste not, is an excellent maxim, but art is too long and time is too fleeting for us to dive very far down into the Pierian spring. For our own part we had rather not be exhaustive in our medical reading if, as an essential to being considered so, we are compelled to push through the wilderness of words which many works contain—the theories, old and new, exploded and extant—and to sift out the bushels of tares to find the single grain of wheat.

Without wishing to disparage an excellent work in many respects, we may ask, who is the better prepared as a physician, and the possessor of more wholesome knowledge, everything else being equal, he who pours over the seventeen volumes of Ziemssen, or he who masters the concise and accurate treatise of Austin Flint? Sticlé, Pareira, and Wood, in their classic works on therapeutics, have seen fit to include in them lengthy historical accounts of various drugs; but what practical value are these to their readers, even if they are remembered, which they are not. To the medical antiquarian they may be interesting, but so we have some definite ideas as to the power and status of a remedial agent, what care we for the estimation in which it was held by Pliny and Dioscorides, *et id omne genus*? Such really irrelevant matters, introduced into what we are led to think are practical works, are great consumers of time, and should be omitted unless they serve some good purpose.

These remarks by way of preface are suggested by the books under review. Dr. Napheys has given to the profession an ad-

mirable work in many respects. Though a compilation, the plan of it is entirely original, and marks a new departure in medical literature. As there are two volumes—one on surgical therapeutics and the other on medical therapeutics—they can be spoken of as one work. We bespeak for it a favorable reception, and are satisfied that it will serve a good purpose. It is eminently a practical work, and certainly a monument of patient and untiring industry. Its talented author must have labored *con amore*, as is evidenced by the immense mass of material he has concentrated within comparatively so small a space. Commencing, as it did, several years ago, in an unpretending duodecimo, it has now grown into two six hundred-page octavo volumes, really unoccupied by any niche in surgical or medical literature. In many respects it is peculiar. It is not an ordinary work on the practice of medicine—differing from such in being devoted exclusively to practice, leaving out discussions upon abstract points in pathology, etc. It ignores *materia medica*, and treats only of therapeutics as an art, paying but little attention to its theories as a science. It does not consist simply of a series of formulæ, but, to use the author's words, it "aims at a systematic analysis of all the current and applied means of combating disease." It is an *olla podrida* of useful hints, general and medicinal, derived from various sources, such as eminent practitioners in this country and Europe, various hospitals, and other public institutions. In thus culling materials for his work the author has confined himself, as far as practicable, to living and eminent physicians and surgeons, medical and surgical monographs, systematic treatises, and various medical journals, and in some instances from unpublished sources. It will be observed that in many places the best authorities are quoted—men of acknowledged reputation—in certain specialties.

Many of the prescriptions and general suggestions, as to the treatment of a given disease or injury, are not the old effete and



hackneyed ones so often met with, and handed around in various books and journals, but are those in actual use by distinguished men. As the author informs us, some of them were obtained by his personal attendance on clinical teachings in France, England, and the United States.

Each disease is arranged in alphabetical order, according to its nosological division. Under each heading some general hints, not necessarily prescriptive, such as those relating to hygiene, etc., are introduced; then follow the formulæ. For convenience of reference, at the close of each article on a special disease or injury, there follows a *resumé* of the prominent remedies used to combat it. An asterisk (\*) indicates the remedies holding special favor and confidence.

At the close of the volume there is appended an index of authors, remedies, and remedial measures and diseases. The work on medical therapeutics gives over seven hundred authors and one thousand three hundred and forty-six formulæ; that on surgical therapeutics gives over five hundred authors and one thousand formulæ.

As is to be expected, such a work as this must be unequal in its parts. It does not reach that ideal standard of general and uniform excellence which its industrious author must have indulged in. Many of the remedial measures and formulæ are admirable, while others are calculated to impress one with the notion that in his own store he has better resources upon which to draw. But these are merely questions of particular bias and also of taste, which it is not fair to urge as objections.

There are many who will look upon Dr. Naphey's book in a different light from that in which we have considered it. The objection may possibly be urged that, being nothing but a compilation, it will serve as a time-saver to the student, and cause him to eschew treatises containing more solid information. It may also be urged that such a work might cause one to become dependent upon what are known as cut-and-dried

prescriptions, without any settled views of his own, and slavishly imitative of what passes current as *authority* in medicine. Nothing so fetters independence in thought and originality in action as a blind adherence to a prevailing theory, past or present, and a settled conviction that this or that system of practice is the correct one. But there is a way out of all of this. The student who is a keen observer, who correctly interprets nature and disease, assisted by native common sense and wholesome reading, may and can become a law unto himself. Not positive and dogmatic, he may yield occasionally to others more enlightened than himself, but is still entitled to his own opinions. He is willing to be guided by so-called authorities, but not to be ruled entirely by their dicta. But there are others who pursue the same old beaten paths, satisfied with their own conceits, which nothing in the way of progress can turn aside. Such as these are as incapable of dispensing knowledge as of receiving it. Blind submission to authority on the one hand, and obstinate adherence to settled views on the other, are opposed to any real progress in medicine as a science or as an art. He who adheres obstinately to what he considers correct practice, turning neither to the right nor the left for guidance, persevering in it in the face of facts, though he may be old in years, is as much a tyro as one who is just on the threshold of professional life.

It can not be denied that experience of a certain order may be fallacious. Nothing shows this more plainly than the custom often prevalent of extolling the powers of an agent upon insufficient grounds. A *new* remedy of some merit, or an *old* one drawn by some one curious in antiquarian research from the limbo of oblivion, to which it has been consigned, is introduced to the notice of the profession, under the sanction possibly of a great name, as capable of producing prompt and desirable results in the treatment of some of the more obdurate forms of disease. It is supported on its first introduction by the

weight of seeming authority, by an array of cases in detail, by a plausible and specious explanation of its mode of action, and by a parade of all those appliances calculated to delude and captivate the speculative mind. It is greedily seized upon by the profession at large—with the exception of a few staid, sober, and philosophic members—is promptly brought into use, and for a time seems to answer the enthusiastic expectations of both patient and physician. It reaches its level, however—like the dog, it has its day—and by and by it is not so frequently prescribed, and after a time lapses into entire neglect, or assumes its position as a remedy of nothing more than ordinary worth.

Even in the present day, but far more so formerly than now, physicians elaborate in their closets theories of medicine, and systems of practice based thereon, to which they become fondly attached, and to which they dogmatically and tenaciously adhere. Neither reasoning upon the faulty construction of their system, nor the disasters of daily experience, ever cause them to falter for a moment in their earnest advocacy and practical application of their theories; they persist to the last, and daily grow stronger in their faith.

Such men are usually endowed with vigorous and active minds, are learned in all the knowledge derivable from books, are honest and conscientious in the discharge of all their duties, but yet in the main business of their lives they obstinately persist in modes of practice condemned and reprobated by the science and sense of the whole profession. How else shall we account for their delusion other than on the supposition that, led astray in the first instance by false logic and ill-directed genius, they have been held in their erroneous courses by the power of false facts and imaginary realities.

To men open to conviction such a book as Dr. Naphey's will prove a valuable assistant. Used simply as a work of reference, and not as a sole dependence, it will afford a precious resort in times of need. To the

country practitioner, who has not the advantage of that interchange of opinion incident to association with his confrères, to those whose libraries are not capacious, and to all of us when professional engagements at times will not allow us to give that careful attention to our cases which emergencies demand, our author's work will be found valuable.

A noticeable, and, we think, a commendable feature in the work before us is the absence of theoretical discussion concerning the physiological action of medicines. We suppose our author considered such matter as foreign to his plans, inasmuch as he wished his work to be studied and referred to as a practical *resumé* of all those empirical means which various authorities make use of to combat disease. We use the term empirical in its scientific sense. The source of therapeutic knowledge is undoubtedly experience; not a blind and misguided one, but it is founded upon what is termed a *rational* empiricism. However much we may know of the physiological action of medicines, we have to try their powers on sick people before we can form a just estimate of their effects in disease. It has become fashionable now-a-days for every new work upon therapeutics to contain elaborate accounts of the physiological action of drugs. The field is full of laborers in this branch of science. It may be considered a species of iconoclasm to underrate the amount of benefit to suffering humanity which may accrue therefrom; but the facts still remain that the sick-room is the true laboratory of the physician, and that it is from clinical study, and careful analysis therein made, that we arrive at definite conclusions as to the various steps by which a curative or modifying action of the means we employ to combat disease may be or have been obtained.

We do not wish to decry physiological experiments with medicines. A careful consideration of them, if pursued within certain bounds, and not to the exclusion of other things more important, is essential to the

accomplished physician. The possession of such knowledge makes the difference between the ordinary routinist and one who acknowledges himself accessible to the lights around him. To keep abreast with all departments of our art adds a zest to one's studies and gives a polish otherwise unattainable. Physiological experiments with remedial agents may often give us a hint as to their action, or afford us a starting-point upon which to proceed. They may suggest the use of means to an end, may confirm experience, but they never can in the nature of things contradict it.

Millions of pigeons, rabbits, and guinea-pigs in a state of health may be sacrificed on the altar of science, but such researches can not give us positive data as to how a medicine will act on a single one of these animals when sick. Much less are we enabled from them to predicate the action of an agent upon a sick man. It is singular that the physiological action of many drugs is exceedingly obscure whose therapeutic effects are marked and characteristic. The backwoods physician who cures a chill by quinine does it just as *cito tuto et jucunde*, with as positive ideas as to how it effects it, and with as much real gratification to himself and patient, as he who experiments daily with the drug, and gives us his lengthy lucubrations as the results of his labors.

We have given considerable space to Dr. Naphey's books, for they really merit it. Used judiciously they are capable of giving no little aid to the practitioner in times of need. As works of reference we can certainly recommend them. To one who is ever anxious to be *au courant* with the vanguard of progress, such productions as our author's are worthy of attention.

The typographical work is excellent, the type being very large and clear; indeed the whole mechanical execution is all that is to be desired. It is only to be regretted that its talented author has been called so prematurely from his earthly labors. His future promised to be one of unusual brilliancy and usefulness.

C. R.

**A Compend of Diagnosis in Pathological Anatomy.** With Directions for making Post-mortem Examinations. By JOHANNES ORTH, First Assistant in Anatomy at the Pathological Institute in Berlin. Translated by FREDERICK C. SHATTUCK, M. D., and GEORGE K. SABINE, M. D. Revised by REGINALD H. FRITZ, M. D., Assistant Professor of Pathological Anatomy in Harvard University. With numerous additions from MS. prepared by the author. Sole authorized English edition: H. O. Houghton & Company. Cambridge: The Riverside Press, 1878.

The profession in America is deeply indebted to Drs. Sabine and Shattuck for their translation of this most valuable book. The work is thorough and complete, and every one interested in pathological anatomy, a branch of science unfortunately somewhat slighted in our country, will be delighted with it. Nothing could be clearer or more satisfactory than the directions for making post-mortem examinations, and we hope it may be the means of stimulating medical men every where to the prosecution of necrological investigations to the fullest extent of their opportunities. The first step to be taken is to educate the public mind as to the importance of post-mortems, and to remove the very bitter and widespread opposition of the masses to this final field of medical study.

L. P. Y., JR.

**Transactions of the Canada Medical Association.** Tenth Annual Meeting. Montreal, September 1st.

These transactions are printed in plain but neat style, and comprise a score of reports and essays on various subjects pertaining to the science of medicine, several of which are beautifully illustrated by artistic pictures. The president's address is scholarly, thoughtful, and interesting; and indeed the same may be said of nearly all the addresses.

DR. ROGERS' review of Naphey's Therapeutics, in this number of the News, will be found interesting, not only from his treatment of the immediate subject-matter, but of therapeutics generally.

## Correspondence.

### THE GARNETT-BAXTER TROUBLE.

The following letter explains itself; and both sides now having had an opportunity to appear before the readers of the *News*, we must decline to allow the subject further notice in our pages. We do not feel called upon to express any opinion in the matter, except this: our friend Dr. Pallen was very badly treated by the American Medical Association in 1865, although it subsequently made full reparation.

*To the Editors of the Louisville Medical News:*

My attention has just been called to an article in your journal of the 22d inst., signed B. I am not in the habit of noticing any responsible gentleman will stand sponsor for the writer; and while I shall not ingratiate myself by anonymous attacks upon myself unless condescend to reply to a communication so full of false and contemptible statements, it is proper that you should be set right upon the subject therein discussed.

It is evident that the editors of a respectable medical journal, with whom I have no personal acquaintance, have been imposed upon in admitting to the columns of their journal such an article. I shall therefore take the liberty of inclosing to you, gentlemen, a copy of the pamphlet entitled "Exposition of Facts," with the request that you will give it a careful perusal, and at the same time beg leave to call your attention to one or two points worthy of note.

First, I desire to invite your notice to the fact that the report of the standing committee, exonerating Dr. Baxter, was made to the association during my absence from the city, and that the association voted to accept the report upon the ground that they believed the standing committee had done its full duty—the friends of Dr. Baxter steadily and persistently refusing to have the proceedings of the committee read to the association, so that the members might judge for themselves of the facts and merits of the case. Not only did they refuse to

have the record read, but denied to those opposed to them the privilege of discussing the report. It was also alleged at the time, by these same gentlemen, that I should have an opportunity to be heard at some future occasion after my return to the city, yet, when that opportunity did offer, I was called to order by the president of the association (or member of the standing committee) for mentioning a member by name, before one discourteous expression had been made; and notwithstanding my appeal from such an unusual and arbitrary ruling, I was not allowed to continue with my remarks.

The vote of Dr. Lincoln, like that of some other members of the committee, I have reason to say, was based upon the fact that the charges had not been sustained, and not that Dr. Baxter was innocent—the committee having accepted as evidence the counter-statements and self-contradicting declarations which Dr. Baxter had succeeded in extorting from the witnesses upon whose statements the charges against him had in part been founded.

A careful reading of the proceedings of the American Medical Association, in Boston, 1865, will very fully satisfy any one what part Dr. Baxter took in the effort made to disgrace Dr. A. M. Pallen.

It is perhaps proper that I should add, in conclusion, that the standing committee, instigated by Dr. Baxter, have preferred charges against me for the publication and circulation of this pamphlet; made their report to the association, and yet was I acquitted by an overwhelming vote.

Trusting that you are now better informed as to the merits of this case, I remain,

Very respectfully yours,

ALEX. Y. P. GARNETT.

WASHINGTON, D. C., Dec. 28, 1877.

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AN ATTRACTIVE PLACE FOR DOCTORS.—A recent letter from Hot Springs, Ark., says: "There are about fifty regular physicians here and 40 quacks, and about 800 more will be here by the 1st of May."



### Miscellany.

INSANITY IN AMERICA.—Dr. E. C. Mann, of New York, has an interesting article on this subject in the current number of the *Journal of Psychological Medicine*. He observes that insanity is in the middle states, as in other states, increasing disproportionately to the increase of population; and it also seems to be appearing at an earlier age than formerly. This latter fact is probably due to hereditary influences which have gradually become intensified by violations of physical laws in early life, want of proper training, or too high pressure in education. Next to hereditary predisposition as a cause, comes the great mental activity and strain upon the nervous system, inseparable from the feverish haste and unrest which characterize the American people; while the undue predominance of the nervous temperament, and the want of proper recreation and sleep, tend to a rapid decay of the nervous system, and to insanity, as a necessary consequence. It also appears that intemperance is operating more and more every year as a cause of insanity. Indeed, twenty-five per cent of all cases admitted into the asylums of the middle states, is due to this cause. Nor does the evil stop here, "for the offspring of intemperate parents are growing up in our midst, with weakened, if not actually diseased, nervous systems, and will inevitably in time become insane, diseased, or idiots."

The census returns for 1876, of the United States, showed an increase of insanity of fifty-five per cent, while the increase of the general population has been only twenty-two per cent. In comparing the proportion of insane to sane population in America and in other countries, Dr. Mann states that in America there is one insane person in every nine hundred and fifty-three of the whole population; in France one to every six hundred; in England one to every four hundred and three; and in Scotland and Ireland one to every three hundred and thirty-six and three hundred and two of the population. In the states, California, owing to local

causes, exhibits the greatest proportion of insane, there being one in every four hundred and eighty-four.—*Med. Press and Cir.*

RENEWAL OF PRESCRIPTIONS.—In Germany—our readers are probably aware—it has been recently enacted that no prescription containing a dangerous medicine shall be renewed by a pharmacist without the express order of the prescriber, and certain periodicals have expressed regret that we have not yet reached that happy order of things. A contemporary, for instance, says: "It has been suggested that chemists should not dispense a prescription twice unless it has been countersigned by the medical attendant, who should receive a fee for so doing. In Germany, where they do these things better than in England, the renewal of all prescriptions containing active medicines is forbidden by law. Pharmacists may only supply such on the order of the doctor who prescribed and gave the prescription."—*Ibid.*

THE LIFE COST OF WILD ANIMALS IN INDIA.—Probably few of those "gentlemen of England who live at home in ease," have any conception of the cost of human life and of property caused by wild and venomous animals in our Eastern Empire. From the official report of the government we learn that no less than 19,273 persons died within the year in India, from the attacks of such animals, while 54,830 cattle were killed by the same means. In the central provinces the deaths had nearly doubled between the years 1875 and 1876, although the government granted rewards to the amount of 125,000 rupees for the destruction of wild animals and venomous reptiles.—*Ibid.*

THE German professors in the medical schools are but poorly paid. They get only from five hundred to three thousand dollars.

PROF. BARTHOLOW retires from the Clinic, and Dr. James G. Hyndman assumes sole charge.

**MENSTRUATION.**—"The whole aim of the author is to prove that in normal cases menstruation is a perfectly painless process, and that the loss of blood is provided for beforehand in such a way that it can exert no evil influence on the nutrition of the body. Hence it follows that neither mental nor bodily rest is necessary during the flux. In cases of painful menstruation, it is true, rest is absolutely necessary; but then there is a question of diseased, and no longer of a perfectly normal process. While however denying that woman demands rest during menstruation, the author admits that the female sex is lacking in muscular strength and power of fixed attention, the natural consequence of which is an inability to work as long or as intensely as the male sex. This inherent weakness renders rest necessary for women, but to be effectual the rest must be "at short intervals and lasting for a short time, and not at long intervals and lasting longer."

—*Review of Dr. Mary Putnam Jacoby's Boylston Prize Essay Pamphlet, in New York Medical Record.*

PARIS claims to be the world's most civilized city, but certainly her medical students are not comparable to American medical students in point of good behavior.

Lately one of the professors in the University of Paris, having incurred their displeasure, was greeted at his lecture by shouts, hisses, songs, and hideous noises, thus preventing his lecturing. France seems in a bad way. In some portions of her territory the births do not equal the deaths, and the mortality of her infants is terrible. Prostitution is on the increase. Her population is flocking from the country to the cities. The consumption of equine flesh is rapidly increasing, and people do not eat horses, donkeys, and mules when they are able to afford other meat.

THE editor of the Philadelphia Medical Times suggests the revival of the whipping-post for the benefit of the utterers of obscene literature.

**BOGUS DEGREES IN GERMANY.**—A contemporary says that a railway official in Berlin was lately fined by the district courts for appending to his name the title of *doctor utrisque juris*, on the strength of a diploma from the University of Philadelphia. An appeal to a higher court resulted in a confirmation of the sentence.

THE patience of the English with the coroner system appears to be running low. The medical journals are full of accounts of blunders, irregularities, and plans of reform. It is evident that the system has outlived its usefulness every where.—*New York Medical Record.*

AN official report from the Indian Government informs us that the great cyclone on the Bengal coast cost 165,000 lives per million of those who inhabited the district over which it extended.

## Selections.

**A Remarkable Case of Syphilitic Inoculation.**—Mr. X. Y., until six months ago, was perfectly healthy. At that time he presented himself to me, having a small ulcer on the right side of the back of the glans penis, within a quarter of an inch of the frænum and an eighth of an inch of the corona. He stated that it had appeared about a week before, in the form of a small papule. This broke and left the present sore; the surface of this was dry and glazed. There was but slight induration, which, however, gradually increased as time wore on.

In about a month or five weeks constitutional symptoms appeared. These were marked enlargement of both the cervical and inguinal glands, roseola on the back and thighs, slight sore throat, and rheumatism in the large joints. Upon seeing these symptoms I had no doubt in regard to the character of the sore. I immediately put him upon the protiodide of mercury, which he is still taking. All active symptoms have been absent for the last three months.

Upon his first visit I, of course, asked him how long it had been since he exposed himself. He stated, in reply, that he had had intercourse with but one woman for the past two years, and previous to that time with but one or two others, from his inti-

macy with whom no specific trouble had ever accrued. Let me say here that there is not the slightest reason to doubt a statement of his, he being a man "about town," in whom I had previously dilated a stricture. I immediately became interested, and asked him if he would not endeavor to persuade his mistress to submit to an examination. This she readily agreed to.

She was twenty-four years of age, and apparently perfectly healthy. There were no sores or scars upon the surface of her body. No nodules could be detected. Upon examination of the vulva I found a large cicatrix at the base and on the inside of the right labia minora, where, she told me, there had been a sore a little over four years previous. She stated that she had contracted this from her husband, from whom she was now divorced; that about a month subsequent thereto a rash had appeared upon her body; that there had been enlargement of the inguinal glands; that at the same time there was great pain in all of her large joints; that she had immediately consulted a physician (stating who it was), remaining under his treatment for a year, during which time she continuously took pills or fluid medicine three times a day; that about a month after the rash appeared all symptoms subsided, and at the end of the year the physician discharged her, cured. From that time until this interview she denied having any symptoms whatever. She stated that her menses were perfectly regular. I then made a very careful examination of the vagina, and, after searching with an excellent light for half an hour, failed to detect any mucous patch. I made several subsequent examinations, all with the same result. At each I found the uterus covered with the normal amount of mucus, which was apparently healthy; that is, I could detect no pus in it. Upon wiping this away its continuity was unbroken.

I may say here that I made no particular examination of her mouth, as it appeared perfectly healthy. I deemed this unnecessary, from the character of the man, and, I might say, of the woman also, as she was not a prostitute, having lived with no other man than her husband previous to this intimacy. From this time until about six weeks ago she has been constantly under my eye, at all times yielding readily to any examination that I might wish to make. During this period of four months and a half no eruption of any kind appeared upon the skin or mucous surfaces, and, to the best of my knowledge, no treatment was undergone. I carefully inquired of my patient if he had used any public water-closets. He was sure he had used no other than those in his own house and that of his mistress, excluding any contagion from that source. He knew of no friend suffering from syphilis, and was not aware that he had handled anything upon which syphilitic poison might have been present.

The question naturally arises, by what means did the glans penis of this patient come in contact with syphilitic poison? I can suggest but three, the first two of which seem more than improbable, and the last a mode similar to which few cases have been reported, and these few greatly doubted by many able syphilographers: 1st, that the poison was conveyed to his glans by means of his hands in the act of micturition, they having been previously in contact with something syphilitic; 2d, that he contracted it from the hands of his mistress, they also having been previously in contact with something syphilitic; and 3d, that he contracted it from uterine and vaginal secretions which, to the eye, were free from pus, and apparently healthy. I think this last hypothesis, assumed for the explanation of the exhibition of the disease, to be the true one, and that this is one more of those few cases reported in which it has been contracted at a time when there were no constitutional symptoms present—at least none could be detected—from a woman who denied having had any such symptoms during the past three years and a half, and who positively did not have any during the four months and a half following the termination of that period. During these four months and a half she submitted herself to no treatment, unless—and this is more than improbable—she did so surreptitiously. I have seen reports of none of the few cases that have occurred, although several authors refer to them. I think the history of this case gives additional weight to that view which tends to make us excessively guarded when asked to express an opinion as regards the liability of any particular woman to inoculate with this poison.—*Hollingsworth Neill, M. D., in Philadelphia Medical Times.*

**Influence of the Spinal Cord on Temperature.**—The experiments of Parinaud (*Centralblatt für Chirurgie*, No. 35, 551) on rabbits show that section of the medulla in the dorsal and cervical regions is followed by a diminution of temperature as shown by the thermometer in the rectum. The decrease of temperature is evidently due to the cooling of the portions of the body paralyzed by the section of the cord, for their temperature, as taken in the ham and axilla, during the whole experiment is lower than that of the anterior portion of the body, which still has direct connection with the brain. On the contrary, however, he found in the region of the paralyzed portions an increase of heat of the skin and toes, but this symptom, being due to paralysis of the vaso-motors, is temporary, and depends upon the relation of the temperature of the skin before the experiment to the temperature of the surrounding atmosphere. The experimenter concludes that this decrease of internal temperature after section of the cords results in the following way: The temperature

of the paralyzed portions is immediately elevated on account of vaso-motor paralysis, but in consequence of the great extent of surface and the accelerated circulation in the cutaneous vessels, more heat than usual is given off by these parts. On the other hand, the process of oxidation has its activity lessened in the tissues of the palsied region. Hence, as there is greater radiation of heat from the skin, and greater decrease in the production of heat in the tissues of the affected parts, there is of necessity a diminution of the internal temperature.

**Early Signs of Phthisis.**—Dr. Haenisch, in *Deutsch Arch. f. Klin. Med.* and *Annales de la Soc. de Méd. de Ganel*, has studied the movements of expansion of the chest in consumptives, by means of the stethograph, and concludes, from his researches, that in the normal state the expansion of the chest is equal for both sides. If both apices are diseased (catarrh of the small bronchial tubes, induration, cavities), the expansion is less. It is less on the diseased side than on the sound side, which fact may serve for diagnosis. At the same time, according to him, there should be mentioned an important characteristic for the diagnosis of commencing tuberculosis drawn from the position of the clavicles; this has been shown by Aufrecht. In the normal state the than the sternal end. If the acromial end is depressed, it signifies that the respiratory field on this side is narrowed. If the acromial end is found on the same plane as the sternal end; if, moreover, there exist acromial extremity of the clavicles is more elevated certain other suspicious symptoms, such as anæmia, pains in the different portions of the chest, etc., an affection of the corresponding apex should be thought of. As a general rule the acromial end of the clavicle is lower on the diseased side than on the sound side, and lower in the consumptive than in healthy persons.—*Chicago Medical Journal and Examiner.*

**Eliotropina.**—The eliotropina europæum is an indigenous plant, and grows in sterile places and among stones. This plant contains a rather sour and corrosive juice, which was once used for corns and warts, and also as a detersive in carcinomatous ulcers and old wounds. It has been lauded as an anthelmintic, emmenagogue, diuretic, and purgative, but fell into complete disuse. Nevertheless, Ballardier, a French chemist, a short time since discovered in it an alkaloid, possessing a febrifuge action very similar to that of quinine. He called it *eliotropina*. It is easily soluble in acidulated water, and also in simple water, and presents astonishingly all the reaction of the alkaloids. It has a bitterness equal to that of quinine, and a very pronounced febrifuge effect.—*Revista Clínica di Bologna.*

**Fatal Application of Ether.**—As a caution to medical men, I must give an incident of the past few days, although it is of the most painful nature imaginable. A young lady of eighteen, remarkably beautiful, belonging to a family of rich merchants of Lyons, had to undergo a surgical operation. The surgeon said that it was necessary to give her ether. The sack was prepared, and the young lady had been inhaling it for a moment, when a light was brought near the patient. In an instant the ether was ignited, and the sack exploded. The doctor was himself seriously burned, but the young lady was in a lamentable condition. Her nose was taken off completely, and one side of the upper jaw was laid bare. It is needless to say that she is horribly disfigured for life. No one could describe the despair of the family, and perhaps it would have been better had the poor girl died from the effects of this dreadful wound. It is rumored that the doctor has committed suicide.—*Paris Correspondence of the N. Y. Times.*

**Curara in Epilepsy.**—C. F. Kuntze (*Deutsche Zeitschr. f. prakt. Med.*, 1877, No. 9) suggests the employment of subcutaneous injections of 0.5 gm. (gr. 7½) curara in 5 gm. (Dij) water with the addition of two drops of hydrochloric acid. Eight drops of this solution are injected, in adults, at intervals of a week. In a number of cases in which this method of treatment was employed, a few weeks sufficed to bring about a marked amelioration in the epileptic symptoms.

**Ovarian Dyspepsia.**—Dr. Fothergill describes a form of dyspepsia combined with leucorrhœa, and commonly too with menorrhagia, which depends on morbid conditions of one or both ovaries. This form of dyspepsia is very intractable unless its casual relationships are remembered. Blisters over the ovary, with bromide of potassium and sulphate of magnesia internally, are more effective than bismuth and hydrocyanic acid.—*Canadian Journal.*

**Salicylic Acid in Acute Rheumatism.**—Dr. Whipham reports at length an extremely interesting case of acute rheumatism, complicated by pericarditis and broncho-pneumonia, which was relieved at once, when the patient was apparently dying, by salicylate of sodium, after failure of a fair trial of the alkaline treatment. The remedy was given in twenty-grain doses every two or three hours.—*The Lancet.*

**Inodorous Iodoform.**—Ether dissolves iodoform and deprives it of its disagreeable smell. If we spread this solution with a brush it leaves, after the evaporation of the ether, a uniform and odorless layer on the surface on which it has been applied.